This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
7/19/2017	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Glenwood Telecommunications, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 357 (Number, street, rural route, apartment, or suite number)
		Blue Hill, NE 68930 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2017/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name		
	Glenwood Telecommunications, Inc.	2472
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Served	identified city. CITY OR TOWN	STATE
Finat	Blue Hill	NE
First Community		NE NE
Community	Campbell	
	Funk	NE NE
Add Rows as Necessary	Holstein	NE NE
	Lawrence	NE NE
	Roseland	NE NE
	Superior	NE
	Upland	NE
	Bladen	NE

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 2472

Glenwood Telecommunications, Inc.

Ε

Secondary Transmission

Service: Subscribers and

Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK	< 2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	976	18.95	Expanded Basic	628	80.00
 Service to additional set(s) 			HBO Plex	1	29.95
 FM radio (if separate rate) 			Cmax Plex	1	12.95
Motel, hotel			Digtial	191	92.00
Commercial			Theatre Package	13	36.95
Converter	146	14.95	Ultimate Package	46	139.00
Residential	41	4.95			
Non-residential	1	1.80			
		[T	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 1				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	55.00	Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter	80.00	Disconnect	15.00		
		Outlet relocation	80.00		
		Move to new address			

Accounting Period: 2017/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

4. LOCATION OF STATION

Glenwood Telecommunications, Inc.

2472

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER

KSNB 11.2 Ν Hastings, NE **KSNB-Simulcast** 4 Ν Hastings, NE **KGIN** 11.1 Ν Grand Island, NE **KGIN-Simulcast** 11 Ν Grand Island, NE Ν Kearney, NE **KHGI** 13.1 KHGI-Simulcast 13 Ν Kearney, NE KHNE-NET1 29.1 Ε Hastings, NE 12 Ε KHNE-NET1-SM Hastings, NE 29.2 E-M Hastings, NE KHNE2-Network 3 KHNE2-Simulcast E-M Hastings, NE 29.3 Hastings, NE KHNE3-Create E-M **KFXL** 13.2 N-M Kearney, NE **KFXL-Simulcast** 17 N-M Kearney, NE **KLKN** 8.1 Ν Lincoln, NE **KLKN-Simulcast** N 8 Lincoln, NE **CW Plus** 15 Ī Burbank, CA **CW Plus-Simulcast** Burbank, CA 95.12 **GRIT** 8.2 I-M Lincoln, NE Lincoln, NE 8.3 I-M **Escape** Ν **KNHL** 5.1 Hastings, NE **KHIVE** Hastings, NE 29.4 E-M

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Glenwood Telecommunications, Inc.

2472

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
							
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Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
rumo	Glenwood Telecommu	inications	s, Inc.					2472
Substitute	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm	ify <i>every noi</i> ccounting pe	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> sta CC rules, regu	lations, or au	uthorizations.	For a further
	1. SPECIAL STATEMEN	T CONCER	NING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	•	r cable system	carry, on a substitute bas	sis, any nonne	etwork televi	sion progran	
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust complete	e the prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.						tion n. nth ly	
					П мн	EN SUBSTI	ITLITE	
	s	UBSTITUT	E PROGRAM	1		LIAGE OCC		7. REASON FOR
	TITLE OF PROGRAM		3. STATION'S		5. MONTH		ΓIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>	
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Accounting Period:	2017/1	FORM SA	1-2E. PAGE (
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Glanwood Talacommunications Inc.	S	YSTEM ID
	Glenwood Telecommunications, Inc.		247
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute the page (viii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ismission servic nis amount, see	e 6,163.50
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	o \$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay fo accounting period is \$52.00	r this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	7,100)	
	1. Base amount under statutory formula	_	
	Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	_	
	Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	27,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	-	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01	_	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$		
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		_
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Total Remittance Due	Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more informa		hts!

Accounting Period:	2017/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE Glenwood Telecom					SYSTEM ID# 2472
M Channels	to its subscribers, and 1. Enter the total number system carried televium. 2. Enter the total number on which the cable services.	(2) the cable system's to	tal number of act the cable		ccounting period.	21
N Individual to Be Contacted		CONTACTED IF FURTHE this statement of account		N IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name Sta	inley Rouse			Telephone 4	102-756-3131
	(Num Bl u	O West Gage, PO Bother, street, rural route, apartmuse Hill, NE 68930	ox 357 ent, or suite number)		
	(City,	town, state, zip) manager@glenw	voodtelco.net		Fax (optional) 402-756-3134	
	CERTIFICATION (This	statement of account mus	st be certified and	d signed in accordance with 0	Copyright Office regulations)	
O Certification		reby certify that (Check one			s identified in line 1 of space B;	or
	(Agent of ovin line 1	wner other than corporation of space B and that the ow	on or partnershi	p) I am the duly authorized agoration or partnership; or	ent of the owner of the cable sys	tem as identified
	in line 1 • I have examined the s	of space B. tatement of account and he correct to the best of my k	ereby declare und	er penalty of law that all staten ation, and belief, and are made		r of the cable system
			Enter an electroni	anley Rouse c signature on the line above to ing an "/s/ signature" (e.g., /s/		
		Typed or printed i	name: Stan	ley Rouse		
			CEO/GM icial position held in	corporation or partnership)		
		Date:			7/24/2017	

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ounting Period: 2017/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
enwood Telecommunications, Inc.	2472
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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Reviewed by

January 1 - June 30, 2017

Letter sent

Accepted

Accepted

Cable
Worksheet

Cable ID#

Space A
Accounting
Period

Space B Owner

Space D Area Served

Space E Secondary Transission Service

Subscribers: and Rates

Space G Primary Transmitters: Television

Space H Primary Transmitters: Radio

Examined by

Total amount of remittance	Nun	nber of SAs rec'd	lr	nitials
Date of remittance	Check	☐ EFT	☐ FIL	ING FEES
			Amount	Initi
Date examination completed	Allocatio	n number		
		<u> </u>		
-	July 1 - Dece	ember 31, 2017		
	Information I	received		
	Phone call/D	ate/Contact		
_	☐ Information I	received		
	Phone call/D			
_				
_	Information i	received		
	Phone call/D	ate/Contact		
	Information i	received		
	Phone call/D	ate/Contact		
	Information	received		-
	Phone call/D	ate/Contact		

Phone call/Date/Contact

		Carriage
		Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time
		Carriage Log
		(SA3 only)
	Phone call/Date/Contact	
Accepted	Frione can/Date/contact	Space K
		Gross Receipts
Letter sent	☐ Information received	
Letter sent	Phone call/Date/Contact	
		Space L
		Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
	Information received	
	Phoe call/Date/Contact	
		Space M
		Channels
		Channels
Letter sent	☐ Information received	Channels
Letter sent Accepted	☐ Information received ☐ Phone call/Date/Contact	Channels
_ _	<u>_</u>	Space O
_ _	<u>_</u>	
_ _	<u>_</u>	Space O
Accepted	Phone call/Date/Contact	Space O
Accepted	Phone call/Date/Contact Information received	Space O Certification Space P
Accepted	Phone call/Date/Contact Information received	Space O Certification Space P Statement of
Accepted	Phone call/Date/Contact Information received Phone call/Date/Contact	Space O Certification Space P
Accepted	Phone call/Date/Contact Information received	Space O Certification Space P Statement of
Accepted	Phone call/Date/Contact Information received Phone call/Date/Contact	Space O Certification Space P Statement of
Accepted Letter sent Accepted Letter sent	Phone call/Date/Contact Information received Phone call/Date/Contact Information received	Space O Certification Space P Statement of Gross Receipts Space Q
Accepted Letter sent Accepted Letter sent	Phone call/Date/Contact Information received Phone call/Date/Contact Information received	Space O Certification Space P Statement of Gross Receipts
Accepted Letter sent Accepted Letter sent	Phone call/Date/Contact Information received Phone call/Date/Contact Information received	Space O Certification Space P Statement of Gross Receipts Space Q Interest
Accepted Letter sent Accepted Letter sent Accepted	Phone call/Date/Contact Information received Phone call/Date/Contact Information received Phone call/Date/Contact	Space O Certification Space P Statement of Gross Receipts Space Q Interest